

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058707 (7)**

1. Corporation Name

INTERNATIONAL TREASURE QUEST, INC.



Principal Place of Business

Mailing Address

2431 ALOMA AVE
SUITE 221
WINTER PARK FL 32792

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SUITE 221
WINTER PARK FL 32792

3. Date Incorporated or Qualified **07/21/1995** 3a. Date of Last Report

21. Principal Place of Business
375 DOUGLAS AVE
Suite, Apt. #, etc. **1008**

26. Mailing Address
2329 HWY 34
Suite, Apt. #, etc. **206**

4. FEI Number **58-2213263** Applied For Not Applicable

22. City & State
ALTA MONTE SPRINGS FLA

27. City & State
MANASQUAN, NJ

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country
32714 U.S.

29. Zip Country
08736 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PIERCEFIELD, DAVID S~~
~~2431 ALOMA AVE~~
~~SUITE 221~~
~~WINTER PARK FL 32792~~

81. Name **PETER G. TOBIA**
82. Street Address (P.O. Box Number is Not Acceptable) **375 DOUGLAS AVE SUITE 1008**
83. City, State, Zip Code **ALTA MONTE SPRINGS FL 32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Peter Tobia*

2/8/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOBIA, PETER	
STREET ADDRESS	2431 ALOMA AVE SUITE 221	
CITY, ST, ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	TOBIA, PETER	
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an appointment with an address.

SIGNATURE: X *Peter Tobia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Tobia

X 2/8/96 X 407 788-0123

CR2E034 (12/95)